

STATEWIDE PROGRAM STANDING COMMITTEE  
FOR ADULT MENTAL HEALTH

Meeting Notes  
February 13, 2006

MEMBERS: Kitty Gallagher, George Karabakakis, David Mitchell, Clare Munat (facilitator), Sue Powers, Marty Roberts, Jim Walsh, Lynn Haas

DMH STAFF: Frank Reed, Patti Barlow

PUBLIC: Scott Thompson, Mike Sabourin, Kathy Rouse, Eric Grims, Anne Donahue, Larry Lewak

**Notes on meeting of January 9**

The notes were accepted with the following changes:

Clare requested to change the wording of a sentence contained on page 6, Public Comment, item #2, second sentence to: "The state has a consultant who does not have a specialty in inpatient psychiatric care."

Clare suggested that the committee reaffirm its designation recommendation of Lamoille County Mental Health given questions raised regarding the legitimacy of the Standing Committee meeting last month. Marty moved that the recommendation made last month with regard to LCMH be approved; David seconded the motion and it passed unanimously.

**Other Discussion Introduced**

Scott discussed his qualifications to become a member of the Statewide Program Standing Committee. Clare suggested that he contact her regarding the application process outside this meeting.

Mike reminded the members of the Standing Committee that they had not formally adopted a resolution specifying a regular meeting schedule for the Standing Committee Meetings. Marty moved that this meeting be held on the second Monday of each month at 1:00 PM unless otherwise warned; Sue seconded the motion and it passed unanimously.

**Re-designation for Northeast Kingdom Human Services (NKHS)**

Kitty reported that 98% of mental health clients also have substance-use issues and something needs to be done (related to the Greensboro facility in the NKHS catchment area). She stated she has brought this up at Futures committee meetings and left messages with Beth. Regarding the subacute unit plans, she is concerned that no one is talking about coping or training to help individuals successfully return to the community following treatment in that setting. She felt that there were 3 issues that need to be addressed: sufficient staffing, substance-abuse programming, and the proposed siting of a program in Greensboro.

Clare referenced that the NKHS Program Review and Minimum Standards Review provided good information on the agency overall. Clare reported that 22 CRT records were reviewed in the Minimum Standards Review and 15 were not identified as needing an IDDT assessment. Mike stated it would be helpful if there were statistics available for comparison with other DAs. Kathy agreed that there were a number of CRT clients with substance-use issues and that this sample was reflective of the charts selected by DMH. Frank provided reassurance that the records were selected as a random sample. Kathy discussed the current process of integrating Tri-County (NKHS substance abuse program) with mental health by having the clinical leaders from both programs meet. Eric explained the systemic problems involved with the two programs such as billing, coding, licensing of professionals and even the separate geographic locations of the program facilities in both St. Johnsbury and Newport and that progress was being made in these areas. Kathy stated that they have been involved in the CCISC grant by having representatives from both SA and MH programs attend the trainings, encouraging staff to pursue co-competencies, providing weekly training sessions, and supporting the substance abuse apprenticeships of 3 mental health Children's Services staff.

George noted that he is aware NKHS has a PACT model of service delivery and is one of the few DAs that use this model. Kathy described 2 models: one is the team approach (psychiatrist, case manager, and other specialists) of the PACT model, and the other is the "light" case management and medication management for CRT clients who do not need or want the level of intensity of the PACT model. She stated that case managers may change which allows relationships to be maintained when there is staff turnover, with a broader and richer scope of relationships, rather than CRT clients having one exclusive case manager for a long period of time. Clare supported this practice as it relates to attachment issues, provides more choices to CRT clients and may enable staff to remain longer with the DA. Kitty agreed, stating concern for staff burnout and being overwhelmed. Kathy proposed that DAs must take care of their staff while they advocate for their clients, and it is important that staff are good mentors and models for self-care to their clients. She reported that the NKHS staff turnover rate is 20%, which is about the same as the statewide rate, and retaining staff is an important goal. To this end, NKHS provides internship opportunities with 3 colleges and extensive training opportunities for staff. NKHS is constantly revamping its Emergency Services program, and currently all their programs provide crisis services. Eric stated that in addition to benefits and reasonable salaries, staff want to be empowered and trained.

David referenced page 7 of the re-designation report regarding ADA accessibility. Kathy stated that NKHS has submitted a corrective action plan to DMH, and the St. Johnsbury offices will be moved to another building. David noted that this issue is a common thread with nearly all the DAs. David also referenced page 20 regarding the deficiencies in the area of rights and responsibilities of recipients of services. Frank clarified that the issue of notification of rights was primarily Developmental Services. Frank indicated that one issue identified in the CRT Program related to notifying consumers of eligibility determination when referred internally by agency staff members. The agency had a practice of notifying the referring party, but not the consumer. This practice has been corrected. Frank noted that overall the reviewers were impressed with the amount of outreach being done, incorporation of best practices and integration with the community. Marty commented that services for NKHS are geographically challenging and that she received positive comments from consumers during the visit. George noted that the eldercare clinician, Cindy Farnsworth's liaison with the AAAs is very positive.

Kathy stated that NKHS was addressing the need to have more consumers on their local standing committee. They are supporting this process by requesting more feedback from consumers and have put in a suggestion box at the agency. Eric indicated he would welcome suggestions from this group, and Kathy stated this process helps to reinforce where NKHS is going and ensuring it is in line with mental-health transformation on a federal and state level. Frank added that NKHS will be formalizing its training program across all divisions as required by the Program Review. Eric reported that training is included in their QA process. Kathy stated NKHS sent a questionnaire to staff asking for agency-wide and program-specific ideas for training, and Eric indicated that supervision is also 'training' and includes risk management for all departments.

In response to a question from Marty, Kathy explained the grant for their mentor program. She stated that about 10 or 15 people from the Rotary Club volunteered to work with mental-health consumers to do beautification of a park. The statewide grant pays businesses that, in turn, pay consumers and they work side by side on a project.

A question was raised regarding the Greensboro facility, but it would not have bearing on the designation discussion. Kathy noted that the facility was planned as a recovery program and the focus was on learning skills and using them in that program. She identified that patients at VSH were interviewed by NKHS staff as part of the process. The Greensboro facility lends itself well to commercial kitchen work, a building for woodworking, space for gardens, etc. David responded that NKHS should not get discouraged by the community's opposition as this was by a minority of individuals, whereby most community members support NKHS. Scott stated he attended the public forum for the Greensboro facility and he noticed there were many positive comments from the public.

At the request of the committee, Frank reviewed the possible outcomes of the DA re-designation process: 1) all requirements are met, 2) minor deficiencies and need for corrective action plan, 3) provisional status without intent to de-designate, 4) provisional status with intent to de-designate, or 5) de-designation. David moved for full re-designation contingent on the plans of correction that are being submitted. Lynn seconded the motion. The motion was passed unanimously with no abstentions.

#### **DMH Update: Frank Reed**

**MH Systems Development position.** The position that John Pierce, who is now retired, held has been reconfigured to a systems development position that will manage multiple projects. Dawn Philibert, previously a director and social worker for EPSDT in VDH, has filled this position.

**MH updates on the web.** Frank brought copies of the two most recent weekly updates for committee members who are not able to access them.

**Local Standing Committees meeting.** Clare inquired if members of the Standing Committee were aware of the Local Standing Committees meeting in Berlin in March. The VT Council of Developmental and Mental Health Services (VCDMHS) is sponsoring this meeting March 23<sup>rd</sup> in Berlin. Lynn asked if the invitation to this meeting is being extended to the State Standing Committee members. Frank responded that in the past the State and Local committees have met,

but that this meeting of Local Committees has been sponsored by the Council recently to bring the local committees together. Marty clarified that the local and state standing committees have different objectives, so the focus of this meeting would most likely be on local issues rather than statewide issues. A few of the standing committee members, in their roles with their local committees, will be participating in the meeting and will update the rest of the standing committee members.

### **Meeting with Police Department**

Clare reported that she and George met with their area police department, along with 2 attorneys, a forensic psychologist from the Brattleboro Retreat, and Cynthia Taylor-Patch, who develops training for the Police Academy, to discuss stigma in the investigatory process and hospital emergency departments. George stated that it is important to recognize and identify the stressors and vulnerabilities needed to accommodate adults and children with mental illnesses. He gave as an example that Glenn Tirrell, a social worker with HCRS who is co-located at the police department in Bellows Falls, is successful in addressing issues with people with mental illness. Clare noted that every police department should have this type of resource available.

### **Tentative Agenda Items for the Standing Committee Meeting on March 13th**

Clare proposed that, since the next items of business today were interviews with candidates for Director of Adult Mental Health Services, agenda items for the March meeting be reviewed at this time. Lynn asked that a discussion be included in next month's agenda about whether the State Standing Committee wants to provide formal feedback to SAMHSA regarding the survey on consumer-directed services and any action they could take, and members agreed.

- Introductions, Review of Agenda, Approval of Minutes
- Conditional Voluntary Status at Designated Hospitals: Wendy Beininger, Patti Barlow and Jack McCullough
- Transport Update for Emergency Examinations: Patti Barlow
- VSH Discharge Planning: Joellen Swain and Tom Simpatico
- Discussion: Response to SAMHSA
- Report from the Membership Committee
- Discussion: How to Get Active Input from Consumers and Families
- Developments in VSH Futures Planning
- DMH Update: Frank Reed
- Agenda for April 10
- Public Comment

### **Interviews for Director of Adult Mental Health Services**

Meetings with the 2 candidates for the position of Director of Adult Mental Health Services were convened. Members of the State Standing Committee and the public participated. Frank Reed was interviewed first and excused. Liz Reardon was interviewed second and excused.

### **Public Comment**

- Regarding the interviews, Anne noted that it is important that the person who is selected for this position focus on continuity and stability. Also, this position requires vision and strong leadership. She stated that she felt Liz meets those qualifications.
- Scott stated that Liz's interview was impressive, that she has the whole picture and agrees with Anne that Liz is the best candidate.
- No other public comments were offered.

### **Executive Session**

Members of the State Standing Committee met in an Executive Session to discuss candidate interviews.